

United States of America
Department of Transportation — Federal Aviation Administration
Supplemental Type Certificate

Number SA7499SW 190-467
RDK

This certificate, issued to Wall Colmonoy Corp.
4700 S.E. 59th St.
Oklahoma City, OK 73135

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 3 of the Civil Air Regulations.

Original Product—Type Certificate Number: A-777
Make: Beech
Model: 35, B35, C35, D35, E35, F35 & G35

Description of Type Design Change:

Installation of Wall Colmonoy Stack Assembly in accordance with Wall Colmonoy Group Listing No. BES-0001 Rev. A dated 2/4/88 and BES-0002 Rev. A dated 2/4/88 or later FAA approved revisions.

Limitations and Conditions:

Nicrocraft exhaust stack assembly P/N BES-0001 is eligible as replacement with Beech P/N 35-950116, Nicrocraft exhaust stack assembly P/N BES-0002 is eligible as replacement part with Beech P/N 35-950118. Compatibility of this modification with previously installed equipment must be determined by installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: April 21, 1986

Date reissued:

Date of issuance: November 4, 1988

Date amended:



By direction of the Administrator
[Signature]
For L. B. Andriesen (Signature)
Manager, Rotorcraft Directorate,
Aircraft Certification Service
(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____
(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____